



## General Information

<https://sites.duke.edu/nephfellow/night-float/>

## Dialysis Unit Tips

- The water in the dialysis unit shuts off at midnight for cleaning and maintenance. This means that if a patient requires hemodialysis (HD) overnight, it will need to be performed at the bedside if:
  1. It is after midnight
  2. The treatment session will not finish before midnight.
- Night HD nurses can help coordinate treatments and develop an optimal plan. It can be helpful to review the list of patients scheduled for HD with the night charge nurse to assess staffing availability.
- Keep in mind that the HD nurses may also be managing pediatric KRT patients, which require one-to-one staffing, so resources may be more limited than expected. **However, limited staffing should not prevent dialysis for a patient who has an urgent indication.** In that case, you may need to review the remaining overnight HD list and triage which patients are urgent vs which can be deferred to the first shift in the morning.
- You do not need to complete your work in the HD unit. Many work from the call room. However, it can be helpful to remain in the HD unit until closer to midnight, as triaging nurse questions about third-shift patients is often easier in person (this is a personal preference).
  - You can also work from the GME room aka the bunker which is close to the ED and change of scenery/more open and usually empty.
- Patients who cannot be dialyzed in the dialysis unit include those with:
  - Hemodynamic instability
  - Supplemental oxygen requirement >15 L or unstable on BiPAP
  - Potassium >7.0 mmol/L and/or EKG changes
  - On amio gtt, nicardipine gtt, dopamine gtt, dobutamine gtt, nitro gtt, pressors
- If a patient in the ED requires urgent HD and cannot be brought to the HD unit, they will need a bed—either in the ICU or on the floor if stable. Bed placement is coordinated by the ED. While the ED has some closed rooms with water hook-ups for bedside HD, the current protocols make it challenging to do HD in the ED. You can remind the ED that it is always an option, and there is a committee working on more defined protocols.
- Charge HD nurse number: 919-681-7880

## VA Tips

- At the VA, all acute hemodialysis at night must occur in an ICU.
- If urgent iHD, PD, or collect PD fluid studies, you will need to call in the overnight nurse
- VA After Hour HD nurse: 919-210-8182
  - This number will direct you to someone who will give you the contact info of the on-call nurse.
- VA Call Back #: 919-286-0411 followed by the extension number provided.
- Non-urgent routine maintenance HD consults can likely be triaged to the day team. For Friday and Saturday shifts, would try to see these patients and get orders placed to help the incoming day fellow.

## Sign-out Email

- Sign-out email includes a summary of the new consults and any cross-coverage updates that are important for the day team to be aware of.
- Include all fellows and attendings on service that week as well as Monique Agustin, Tyeasha Williams, and John Matuscavage. CC Dr. Sparks (even if he is on vacation) and chief fellow as he reviews the sign-out daily and collects data.

## Transplant Tips

- Sometimes, an automatic nephrology consult will appear after a kidney transplant. If this occurs, review the chart and labs, and call the overnight PA to confirm there are no urgent issues. If the patient is stable, the consult can be deferred to the daytime team. (if this occurs let Dr Sparks and chief fellow know)
- Management of post-transplant hyperkalemia should be discussed with the transplant attending, as individual attendings may have different thresholds for initiating HD.

## When to call your attending

- It can be good to text whoever is on call to get their expectations (and reminds them they are on call though most remember and are good about it).
- Call attendings with any new HD or CRRT starts, severe and/or symptomatic hyponatremia, suspected toxic ingestion, use of high-risk meds (immunosuppression for glomerular diseases, etc.), conflict in opinion with primary team or other consulting services which will significantly impact patient management.
- **If you are going back and forth on whether you should call the attending, that means you should call them. The reassurance is helpful overnight.**
- Dr. Sparks is a resource to text and is usually awake until about midnight if needed. Especially useful for first few weeks.

## Miscellaneous

- Nephrology call room: 8202 (Duke North)
- Double check that all pagers have been forwarded to SPIN at the start of the shift!
- The goal is to clear the board, but if you are experiencing an exceptionally busy night and cannot do so safely, it is acceptable to triage stable patients for follow-up by the day team.
- Phone Calls: Any patient or physician can call Duke paging operator and ask to speak with the nephrologist on call. You may also get critical labs or calls from DaVita. Your job will be to determine the acuity of the call. Acute or potentially serious calls (i.e. dialysis patients with shortness of breath or transplant patients with fever) send to local ER. Document the conversation and route to the patient's outpatient nephrologist.
- Nights are a marathon, not a sprint. Some nights are harder than others, and some hours are tougher than others. But it's also a time of tremendous growth!
- \$15 additional money added to your badge from 7pm-5am. Must say "house staff" rather than "flex" to utilize it.
- Downtime on nights is a good time to work on upcoming presentations. But it can also be a good time to watch several movies or tv shows.
- **Always have consents in your pocket!!**

## EHR Tips

- After your night shift or if you are going to sleep during the shift and are nervous you won't wake up to epic chats, it can be helpful to put epic chat to "do not disturb or offline and put a message "page with any urgent nephrology questions."
  - DND is preferred over offline as the day fellows will still be able to epic chat you about cross coverage.

- For Na checks that need close follow-up, consider asking the ICU team to page you with Na results or put an alert on Haiku app for notifications.
- If signed out anything by day team to follow up on, can send alert to yourself (ex. PD studies take forever often to come back and primary teams less likely to follow up on these; potassium, etc).
- Consider creating a personal list called "Nights Follow-Up" for easy access to patients that need close monitoring.

